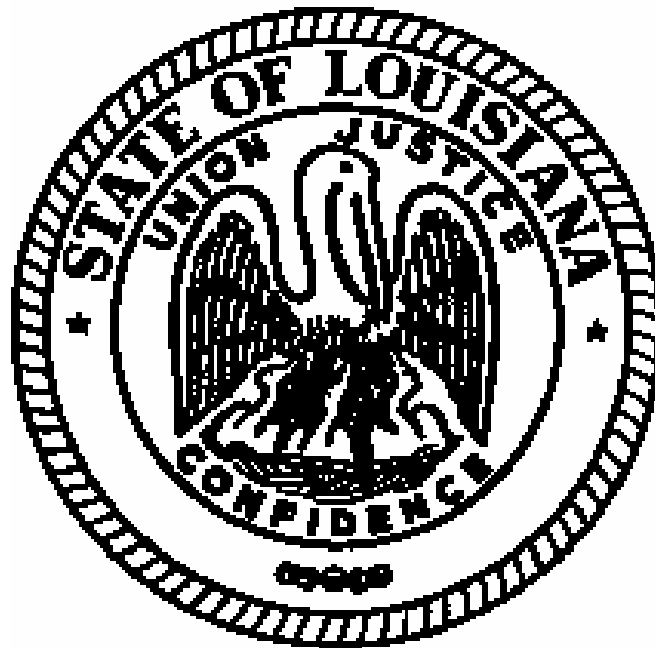


OFFICE OF THE GOVERNOR



DIVISION OF ADMINISTRATION
OFFICE OF RISK MANAGEMENT

EXPOSURE REPORTING MANUAL

April 25, 2006

TABLE OF CONTENTS

Introduction	4
Overview	5
Aviation Exposures	5
Bond Exposures	6
Crime Exposures	7
Exposure Contacts	7
General Exposures	8
Overview	8
Instructions	8
Applicable To All Locations	9
Emergency Room Visits	9
Hospital Patient Days	9
Hospital Clinic Visits	9
Patient Days	9
Clinic Visits	9
Residents/Interns	9
Physicians	10
Other Medical Malpractice Exposures	10
Applicable To Specific Situations	10
Sample Report	11
Property Exposures	12
Overview	12
Schedule Of Property Values Update Instructions	12
Verification Of Report Information	12
Definitions Of Report Sections	12
State Owned Property	12
Non-State Owned Property	12
Miscellaneous	12
Category Definitions	12
State Owned And Non-State Owned	12
Building Replacement Cost	12
Fine Arts	12
Livestock	13
Computer Equipment	13
Boats & Motors	13
Total Square Footage Occupied/Ground Level	13
General Contents/General Contents Flood	13
Mobile Structures	13
Miscellaneous Section	14
Business Income	14
Registered Mail/Parcel Post	14
LPFA/3rd Party Financing	14
Other Contents – Flood	14
Building Address	14
Parish Codes	15
ORM Location Codes/Agency Numbers	15
Deletion Of Buildings	15
Buildings Reflecting Replacement Cost Greater Than Zero	15
Buildings Reflecting Replacement Cost Of Zero Or Less	15
Employee Updating/Preparing Report	15
Add New Locations/Buildings/Categories	16
Contents/Movable Property	16

General Contents Category	16
Other Content Categories.....	16
Building Structures	16
Building Name Changes	16
Where To Send Updated Report	16
Sample Property Exposure Report	17
State Owned/Non-State Owned Categories.....	17
Miscellaneous Categories	18
Property Exposure Reporting Forms	19
State Owned Movable Property Value Form	19
Non-State Owned Movable Property Value Form	20
Miscellaneous Categories Movable Property Value Form.....	21
Building Structure Exposure Reporting Form	22
Wet Marine Exposures	23

INTRODUCTION

Exposure/Risk identification is the first and most important step in the risk management process. Without a thorough identification of an organization's risks of loss, it is virtually impossible to implement an effective risk management program.

State directors, managers, and supervisory personnel must look at their exposure to losses and report such exposures to the Office of Risk Management. No two agencies face the same risks, and exposure to risk will change over time. Therefore, risk identification is a continuous process and requires a substantial investment of time and effort in order to realize dividends in the form of reduced premiums.

Reported exposures are used in the Management Series Reports provided quarterly to your agency's management. These reports form the key for each agency's control of losses. Losses, in turn, directly effect premiums charged.

Exposures also form a secondary allocation basis in the experience rating system utilized by ORM for all self insured coverage. Unless reported in a timely manner, exposures will be estimated prior to production of insurance premium budgets. **Premium overcharges due to non-reporting of exposures will not be adjusted.**

For commercial coverage and also excess coverage for self insured lines, exposures are required by commercial bidders. Accurate, detailed exposures can result in significant savings on commercial policies which are, in turn, passed on to all agencies.

The following list provides each detail exposure and the coverage to which it relates. Other exposure information may also be requested for selected lines as necessary.

Gross Payroll	Workers Compensation/General Liability
Maritime Payroll	Workers Compensation Maritime
Number of Board & Commission Members	General Liability
Private Mileage	Auto Liability
Public Mileage	Auto Liability
Number of Vehicles	Auto Physical Damage
Property Values	Property
Boiler & Machinery Values	Boiler & Machinery
# of Total Employees	Bonds
Peak Exposure	Crime
Emergency Room Visits	Medical Malpractice
Hospital Patient Days	Medical Malpractice
Hospital Clinic Visits	Medical Malpractice
Patient Days	Medical Malpractice
Clinic Visits	Medical Malpractice
# Residents/Interns	Medical Malpractice
# Physicians	Medical Malpractice
Other Medical Malpractice	Medical Malpractice
# Babies Birthed	Medical Malpractice
# Outpatient Surgeries	Medical Malpractice

Formal rules and regulations governing exposure reporting may be found in the Louisiana Administrative Code, Volume 7, Title 37, Chapter 27.

This reference manual has been prepared by the Office of Risk Management to assist you in accurately reporting exposure information to this office. While we have attempted to make this manual as comprehensive as possible, it is impossible to anticipate every potential question which may arise.

Further questions regarding the exposure reporting procedures outlined in this manual should be directed to the appropriate person for commercial or self insured coverage in either the Underwriting Unit or the Auditing and Statistical Unit, respectively.

OVERVIEW

The general format of this brochure is to present each exposure reporting form in a separate section. Each section consists of a set of instructions followed by the corresponding exposure report.

General Exposure Report

All locations which are exposure reporting locations will receive this request form quarterly. This report is the *General Exposure Report Form* for all exposures other than those requested in specialized reports indicated below.

Property Exposure Report

These reports reflect data currently on file with ORM. They are mailed (semi-annually) to all agencies with Property exposures for review and update of exposure values.

Aviation Report and Wet Marine Report

These reports reflect data currently on file with ORM. They are mailed (quarterly) to all agencies with Aviation and/or Marine exposures for review and update of exposure information. However, all additions, deletions or changes during the year should be reported to ORM immediately. The reports contained herein are used only to verify that ORM has a complete record of all changes made during the year.

AVIATION EXPOSURES

Overview

At the end of each quarter, a report reflecting current aircraft information on file with the Office of Risk Management will be forwarded to the various State Departments, Agencies, Boards, and Commissions for their review and update.

All additions, deletions or changes for the aviation coverage should be reported to the Office of Risk Management immediately. This is only a report to make sure our office has a complete record of all changes.

Instructions for verification and update of the report as well as a sample report can be found on the following page.

Sample Report

Agency Number	Agency Name	Aircraft I.D. No.	Aircraft Description	Aircraft Value	Seating Capacity	Aircraft Usage	Fixed Wing or Rotor Wing	Piston or Turbine
2815 (2810 Billing Level)	DWLF	N9467Y	1981 CESSNA 210	\$205,000	6	SURVEYS/ENFORCEMENT	Fixed Wing	Piston
		N61092	1980 CESSNA 185	\$195,000	4	SURVEYS/ENFORCEMENT	Fixed Wing	Piston
		N70365	1980 CESSNA 185	\$195,000	4	SURVEYS/ENFORCEMENT	Fixed Wing	Piston

Verification/Update Instructions

1. Indicate on the report the name and phone number of the person verifying the data.
2. Review the list of aircraft owned or leased by your agency. Check the aircraft value, registration number, make and model, seating capacity, usage for each plane, whether it's fixed or rotor wing, and whether it's turbine or piston engine.
3. If any information reflected on the report is incorrect, please line through the incorrect information and write in the correct information using **RED INK**.
4. Should you need to delete an item indicated on the report, draw a line through that item in RED INK and advise when and why it is to be deleted. Examples: plane was transferred to agency X, plane was sold, or plane was destroyed. **ALWAYS** provide the date of the transfer, sale, or removal.
5. If you need to add an additional plane, please do so on the bottom of the schedule or on a separate sheet. Be sure to include the registration number, make and model, value, total seating capacity including the pilots, usage, whether it's fixed or rotor wing, whether it's turbine or piston engine and the date the plane is to be added. Be sure to include any supporting documentation.

If your agency has never had aviation coverage, please contact the Underwriting representative responsible for aviation exposures (See "Exposure Contacts" section of this manual).

BOND EXPOSURES

Overview

The Office of Risk Management no longer requests agencies to provide the # of Class A, B and C employees. Agencies report their number of total employees each quarter on the quarterly risk exposure report form. The number of employees includes all full time, part time, restricted or student workers paid by the agency. For those agencies which have board members or commissioners, any outside commissioners or board members that are not already employed with the agency must be included in the count in addition to the number of paid employees.

Note: Should you have questions once instructions are read and reviewed, please contact the Underwriting representative responsible for bond exposures (See "*Exposure Contacts*" section of this manual).

CRIME EXPOSURES

Overview

The Office of Risk Management no longer sends out manual crime exposure reports twice a year. Now, ORM requests that the agencies report their crime risk exposure (money and securities) each quarter on the quarterly risk exposure report form. The crime exposure value to be reported is the Peak \$ Exposure (the maximum amount of securities on hand that, if stolen, cannot be replaced) for the reporting agency for that quarter. For agencies with multiple money and securities exposure locations, report the location with the highest peak exposure.

Do not include payroll check values.

Crime Coverage does not include State Employees. Employees are covered under Bond Coverage

Note: Should you have questions once instructions are read and reviewed, please contact the Underwriting representative responsible for crime exposures (See "Exposure Contacts" section of this manual).

EXPOSURE CONTACTS

For further information regarding exposure reporting, contact the Office of Risk Management in writing at Post Office Box 91106, Baton Rouge, Louisiana 70821-9106 or telephone the appropriate unit.

Type Exposure	Unit	Phone Number
General Exposures	Auditing & Statistics	(225) 342-3420
Medical Malpractice Exposures	Auditing & Statistics	(225) 342-3420
Property Exposures	Underwriting	(225) 342-8469
Bond/Crime Exposures	Auditing & Statistics	(225) 342-3420
Aviation/Marine Exposures	Underwriting	(225) 342-8598

GENERAL EXPOSURES

OVERVIEW

Section I consists of the General Exposure Report form. All locations which are exposure reporting locations will either report these exposures online each quarter, or will receive the manual risk exposure form quarterly. This report is the general exposure report form for all exposures other than those requested in specialized reports reflected in other sections of this manual.

I. Instructions

Attached is the Office of Risk Management's (ORM) exposure reporting form. As required by Louisiana Administrative Code, Volume 7, Title 37, Chapter 27, the form should be completed and returned by the date indicated. This form is the exposure reporting format for regular payroll, maritime payroll, number of boards & commission members, vehicle mileage, number of vehicles, # of Total Employees, Peak \$ Exposure-Crime and medical malpractice exposures as appropriate for your location. Other exposures such as property values are not to be included; they will be requested separately as necessary.

Locations which have exposure in any of the above requested categories, which is not requested on the attached exposure reporting form, should add the exposure on the manual form before returning in order for coverage to become effective, or, if reporting online, please add the new exposure in the notes field on the screen.

The online quarterly risk exposure reporting form is identical to the attached manual quarterly risk exposure form. The quarter being requested for this report is shown on the third line in the upper left hand corner. The FY represents fiscal year which starts July 1, and ends June 30. Therefore the first quarter would be July, August and September. The figure for each requested exposure should be placed in the column titled "This Report". Shown under the "Last Reported" title are the exposures which you last reported, and the quarter and fiscal year of that report. Those figures may be compared to the current "This Report" figures for reasonableness, and this also serves as a validation of the prior reported figure. If a figure is incorrect, please change it and explain in the comments section.

Exposure reporting forms are to be returned by **(date)**. (This line will provide the date actual exposure report forms are to be returned.)

It is important that the person preparing the form sign, date, and give a phone number where they can be reached on each form.

It is important to provide accurate information by the date requested, or future premium increases may result.

The following definitions should be used in the compilation of the requested exposure information. Supply only those exposures requested on the form, not all those defined below.

A. *Applicable To All Locations*

Payroll is total gross payroll for the quarter specified only. **DO NOT** give year to date totals. Only Non-FACS agencies (Payroll not on ISIS HR) should receive requests for payroll data. If you have received a request for payroll and your payroll is issued by ISIS HR, please notify ORM immediately.

Agencies which are currently reporting payroll to ORM on Quarterly Wage Reports should discontinue submitting them. Payroll will be collected either through ISIS HR or the ORM exposure form.

Maritime payroll is total gross payroll for the quarter specified. If maritime is being requested from a location which has no maritime exposures, please note that the location has no maritime payroll in the comments section before returning.

Number of employees includes all employees who are issued a pay check. Please provide this number as of the close of the requested quarter. A list of employees is not required, provide a total only. Public vehicle mileage is total mileage for state owned and leased, licensed, vehicles only. Please provide this for the requested quarter only. **DO NOT** give year to date totals. A per car breakdown is not required.

Private vehicle mileage is total mileage for both reimbursed and non-reimbursed mileage on private vehicles (used for state business) for the requested quarter only. **DO NOT** give year to date totals. A per car breakdown is not required.

Number of vehicles is the number of state owned and leased, licensed, vehicles as of the close of the requested quarter. An inventory of vehicles is not required.

Locations providing medical services will have one or more of the following exposures:

1. *Emergency Room Visits*

For acute care charity and university hospitals only. The number of patient visits to a hospital emergency room.

2. *Hospital Patient Days*

For acute care charity and university hospitals only. The number of patient days for all patient groups.

3. *Hospital Clinic Visits*

For acute care charity and university hospitals only. The number of patient visits to hospital clinics (i.e. Well baby, Ambulatory, OB-GYN, etc.). Do not include outpatient surgeries here.

4. *Patient Days*

For all facilities providing inpatient health care services that are not acute care charity hospitals (i.e. mental health, mental retardation, drug abuse facilities and university and correctional infirmaries). The number of patient days for all patient groups.

5. *Clinic Visits*

- a. The Number of patient visits to facilities providing outpatient health care services; such as, community mental health centers and drug abuse clinics.
- b. The number of outpatient visits to medical clinics, infirmaries, first aid stations, etc; including locations that are not primarily acute care providers. This includes mental health, mental retardation, vocational rehabilitation and correctional facilities, and universities. It is not necessary for the patient to be seen by a doctor for a visit to be counted. Other medical staff can incur medical malpractice claims.

6. *# Residents/Interns*

For LSU Medical Centers and LSUMC Health Care Services Division Hospitals only. The number of residents/interns providing medical services to private institutions or agencies for which the State assumes medical malpractice liability. Include the number of residents/interns on the last day of the quarter.

7. # Physicians

The # of Physicians is an exposure required of all LSU Medical Centers and LSUMC Health Care Services Division Hospitals, Universities with infirmaries, Correctional Facilities, Mental, Voc Rehab & Public Health locations, etc. that employ doctors on their staff for which the State assumes medical practice liability. Include the number of physicians on the last day of the quarter.

8. # of Babies Born

For LSU Medical Centers and LSUMC Health Care Services Division Hospitals- self explanatory. Include only births occurring in current reporting quarter.

9. # of Outpatient Surgeries

For LSU Medical Centers and LSUMC Health Care Services Division Hospitals only, these procedures should not be included in #3 above, Hospital Clinic Visits. Include only outpatient surgeries occurring in the current reporting quarter.

10. Other Medical Malpractice Exposures

For universities and vocational-technical schools only. The number of students in health care curricula (i.e. RN, LPN, Paramedical) that are providing medical services, as part of certification requirements, to private institutions or agencies. This includes the total number of these students for the appropriate fiscal year quarter. Do not include the number of students who are receiving classroom instruction only.

B. Applicable To Specific Situations

Boards and Commissions - If your location is a Board or Commission, you are requested to provide the current number of Board & Commission members.

Locations with Public Officials have an elective option to provide or not provide workers' compensation coverage to public officials.

Those locations which are on ISIS HR must provide written notification if coverage is not to be provided to public officials along with their related salaries so that they may be deducted from your location's payroll exposure which ORM receives from ISIS HR.

Those locations which are not on ISIS HR, in which case you are requested to report payroll on the request form, also have an elective option to provide or not provide workers' compensation coverage to public officials. If you elect not to provide coverage to your public officials, do not include their pay in total gross payroll, and indicate in the comments section that you elect not to provide workers' compensation coverage to your elected officials.

For both ISIS HR and non ISIS HR locations, unless written notification as described above is received, coverage will be assumed to extend to all public officials.

Sample Report

PREPARED 07/11/03 REPORT 1007
 AS OF 06/30/03
 FY 03 QRTR 4

OFFICE OF RISK MANAGEMENT
 RISK EXPOSURE REPORTING FORM
 001 LOCATION

PAGE 1
 CONTROL 1
 NAME

PLEASE RETURN THIS FORM BY MONTH DAY, YEAR

OUR FAX NUMBER IS ###-###-####.

-----LAST REPORTED-----

EXPOSURE	AMOUNT	FY	QRTR			THIS REPORT	COMMENTS
GROSS PAYROLL	0 N	05	3	Q	001	_____	
MARITIME PAYROLL	0 N	05	3	Q	002	_____	
NUMBER OF BOARD MEMBERS	0 N	05	3	Q	003	_____	
PUBLIC VEHICLE MILEAGE	0 N	05	3	Q	004	_____	
PRIVATE VEHICLE MILEAGE	0 N	05	3	Q	005	_____	
# LICENSED STATE VEHICLES	0 N	05	3	Q	006	_____	
PEAK EXPOSURE - CRIME **New**	0 N	05	3	Q	010	_____	
# OF EMPLOYEES	0 N	05	3	Q	013	_____	
EMERGENCY ROOM VISITS	0 N	05	3	Q	014	_____	
HOSPITAL PATIENT DAYS	0 N	05	3	Q	015	_____	
HOSPITAL CLINIC VISITS	0 N	05	3	Q	016	_____	
PATIENT DAYS	0 N	05	3	Q	017	_____	
CLINIC VISITS	0 N	05	3	Q	018	_____	
RESIDENTS/INTERNS	0 N	05	3	Q	019	_____	
PHYSICIANS	0 N	05	3	Q	020	_____	
OTHER MED MAL EXPOS	0 N	05	3	Q	021	_____	
# BABIES BIRTHED **New**	0 N	05	3	Q	026	_____	
# OF OUTPATIENT SURGERIES **New**	0 N	05	3	Q	027	_____	

PREPARED BY _____ DATE _____ TELEPHONE _____

PROPERTY EXPOSURES

OVERVIEW

Semi-Annually, a report reflecting current property values on file with the Office of Risk Management will be forwarded to the various State Departments, Agencies, Boards, and Commissions for review and update.

Instructions for verification and update of the report as well as a sample report can be found on the following pages.

SCHEDULE OF PROPERTY VALUES UPDATE INSTRUCTIONS

I. Verification of Report Information.

Remember all **amounts on report are whole numbers**. Check each amount and should an amount need to be changed, line through the incorrect amount (**USE RED INK**) and write the correct amount next to it.

A. Definitions Of Report Sections

Do not include automobiles and other mobile equipment required to be licensed by the motor vehicle laws of Louisiana.

1. State Owned Property

This section reflects the total value of State owned property by category per building per ORM location code.

2. Non-State Owned Property

This section reflects the total value of non-state owned property for which the State has contractually assumed legal liability and which is in the care, custody, and control of the State of Louisiana. Values are reflected by category per building per ORM location code.

3. Miscellaneous

This section reflects total values of miscellaneous categories not reflected in items "1" or "2" above. Values are reflected by category per building per ORM location code.

B. Category Definitions

1. State Owned And Non-State Owned

The following definitions apply to both the state owned and non-state owned sections of the report:

a. Building Replacement Cost

Do not update/make changes to this figure. The Loss Prevention Section of the Office of Risk Management (ORM) determines and maintains this figure. If you have questions regarding this figure, please contact the ORM Loss Prevention Section.

b. Fine Arts

Include total value of museum exhibits, antiques, and objects of art of every nature and description. Also include total value of aircraft and watercraft (regardless of length) which have been decommissioned and/or automobiles which are on display as a tourist attraction for public viewing. Watercraft must be stationary and not floating in water. Aircraft must be stationary and inoperable as regards flight. Automobiles must be inoperable as regards driving and unqualified for licensing by the motor vehicle law of Louisiana. Total value should be based on appreciated value of items.

c. *Livestock*

Include total actual cash value of all livestock, thoroughbreds, barnyard fowl, and animals (other than human).

d. *Computer Equipment*

Include total value of mini-computers, mainframes, software, and personal computers. Total value should be based on acquisition cost.

e. *Boats & Motors*

Include total value of all boats which are twenty-six feet (26') in length or under including total value of all inboard/outboard motors used on these boats. Also include total value of any and all row boats (non-motorized) regardless of length. Total value should be based on acquisition cost. Do not include value of boats which fall under the aforementioned "Fine Arts" category.

f. *Total Square Footage Occupied/Square Footage Ground Level*

The "Total Square Footage Occupied" category represents the total square footage utilized by your agency in the building. The "Square Footage Ground Level" category reflects the total amount of square footage (located on and/or below the street level) utilized by your agency.

The information reflected in this category was obtained in one of the following three methods:

1. Utilization of the lease records maintained by Facility Planning and Control (These records reflect a square footage source indication of "F").
2. Determined by the ORM Loss Prevention Section during the building appraisal process (These records reflect a square footage source indication of "I").
3. Obtained by ORM directly from your agency (These records reflect a square footage source indicator of "U").

Update the square footage figures **when a "U"** is reflected in the square footage source indicator field. **Do not update** the square footage figures **when an "I" or "F"** is reflected in the square footage source indicator field.

g. *General Contents/General Contents Flood*

Do not update/make changes to this figure. These values are automatically calculated by ORM based on the building occupancy code and the amount of square footage occupied. This category includes all contents/movable property not included/identified in other categories. Do not include boats (over 26 feet in length) and automobiles or other mobile equipment required to be licensed by the motor vehicle laws of Louisiana

h. *Mobile Structures*

Include total value of all movable building structures. Also, include the value of any contents located in the building. Examples of movable building structures are mobile offices (trailers), mobile homes and buildings on skids or wheels. Total value should be based on acquisition cost of the structures and contents.

2. Miscellaneous Section

a. Business Income

Include total amount of charges, tuition, fees, and receipts derived from sources and activities **"NOT PUBLIC FUNDS"** for service, sales, and events that would be lost in the event your agency would not be able to provide those services, sales, and events, less the direct cost of those operations.

Total amount should be an annual figure based on the twelve months preceding the last day of the period for which you are reporting. (Do not include payroll in this figure).

Examples of income are hospital charges, rental receipts, tuition, revenue and receipts from educational seminars or workshops, entertainment and athletic events.

b. Registered Mail/Parcel Post

Include total value of any property incidental to your business while in transit by Parcel Post, Registered Mail or Unregistered Mail. Total value should be an annual figure based on the twelve months preceding the last day of the period for which you are reporting.

c. LPFA/3rd Party Financing

Include total value of all state owned equipment being purchased in accordance with guidelines set forth by the Louisiana Public Facilities Authority or the Third Party Financing Master Installment Purchase Agreement. Total value should be based on whichever is the greater of the replacement value of the equipment or the remaining lease payments.

d. Other Contents – Flood

Include total value of all mobile structures, fine arts, computer equipment and LPFA/3rd Party Financing equipment which is located on the first floor, basement, and/or ground level of each building. Include state owned property as well as property owned by others for which the State has assumed legal liability and which is in the care, custody, and control of the State of Louisiana. Livestock values should also be included in this figure. Do not include any vehicle required to be licensed by the motor vehicle laws of Louisiana.

C. Building Address

Agencies responsible for or owning **building structures** should pay close attention to the physical location of the building. The physical street address, city and state must be provided for each item listed. If this is not accurately reflected, please indicate correct information in red ink.

D. Parish Codes

Review parish code to be sure correct parish is indicated. If incorrect, indicate correct parish code in red ink. For your convenience Parish Codes are reflected below.

01	ACADIA	23	IBERIA	45	ST. CHARLES
02	ALLEN	24	IBERVILLE	46	ST. HELENA
03	ASCENSION	25	JACKSON	47	ST. JAMES
04	ASSUMPTION	26	JEFFERSON	48	ST. JOHN THE BAPTIST
05	AVOYELLES	27	JEFFERSON DAVIS	49	ST. LANDRY
06	BEAUREGARD	28	LAFAYETTE	50	ST. MARTIN
07	BIENVILLE	29	LAFOURCHE	51	ST. MARY
08	BOSSIER	30	LASALLE	52	ST. TAMMANY
09	CADDO	31	LINCOLN	53	TANGIPAHOA
10	CALCASIEU	32	LIVINGSTON	54	TENSAS
11	CALDWELL	33	MADISON	55	TERREBONNE
12	CAMERON	34	MOREHOUSE	56	UNION
13	CATAHOULA	35	NATCHITOCHES	57	VERMILLION
14	CLAIBORNE	36	ORLEANS	58	VERNON
15	CONCORDIA	37	OUACHITA	59	WASHINGTON
16	DESOTO	38	PLAWUEMINES	60	WEBSTER
17	EAST BATON ROUGE	39	POINT COUPEE	61	WEST BATON ROUGE
18	EAST CARROLL	40	RAPIDES	62	WEST CARROLL
19	EAST FELICIANA	41	RED RIVER	63	WEST FELICIANA
20	EVANGELINE	42	RICHLAND	64	WINN
21	FRANKLIN	43	SABINE	65	OUT OF STATE
22	GRANT	44	ST. BERNARD		

E. ORM Location Codes/Agency Numbers

Previously your agency was provided a list of the ORM agency numbers assigned to your agency. Check to make sure the number indicated for each item is correct.

II. Deletion Of Buildings

A. Buildings Reflecting Replacement Cost Greater Than Zero

Complete *Form UND-4* (Building Structure Exposure Reporting Form) and forward it to ORM along with a copy of all pertinent documents.

B. Buildings Reflecting Replacement Cost Of Zero Or Less

Draw a red line through the item to be deleted and indicate why it is to be deleted.

III. Identification Of Employee Updating/Preparing Report

Indicate the name of the person that verified the data and their phone number on the bottom of the letter attached to your report. Then return entire letter and report to ORM.

IV. Adding New Locations/Buildings/Categories Not Already Listed On Report

A. Contents\Movable Property

1. General Contents Category

If you need to add general content values for a building not already on your schedule, utilize *Form UND-1* (State Owned Movable Property Values Form). Be sure to provide all data required in the agency information section, the *Building Information* column and *Square Footage Information* column. If you need help in determining the building identification number, please contact the ORM Underwriting Unit. If you need help determining the flood zone for a non-State owned building, please contact the owner of the building or the appropriate city or parish engineer. Flood zones for State owned buildings will be determined by ORM.

2. Other Content Categories

If you need to add additional buildings or additional categories to existing buildings, you should utilize *Property Exposure Update/Reporting Forms UND-1, UND-2 and UND-3*. Complete all information asked for on the form, including the building information (questions 1 through 8A). If you need help in determining the building identification number, please contact the ORM Underwriting Unit. If you need help determining the flood zone for a non-State owned building, please contact the owner of the building or the appropriate city or parish engineer. Flood zones for State owned buildings will be determined by ORM.

B. Building Structures

If you acquire/build a new building structure which requires coverage (on the structure), you must complete *Form UND-4 (Building Structure Exposure Reporting Form)*. A copy of all pertinent documents (deed, act of donation, etc.) must be attached to *Form UND4* " when submitting form to ORM. Movable building structures are to be reported as contents (see item "a" above) under the category "Mobile Structures".

V. Building Name Changes

Use *Form UND-4 (Building Structure Exposure Reporting Form)* to submit building name changes. Changes in building names will only be accepted from the State Agency which has ownership or is responsible for the building structure.

VI. Where To Send Updated Report

Forward updated report along with new item information to the Office of Risk Management, Post Office Box 91106, Baton Rouge, Louisiana 70821-9106.

Sample Property Exposure Report (left side)

**STATE OF LOUISIANA
STATEWIDE LAND AND BUILDINGS SYSTEM
RC04 - SCHEDULE OF PROPERTY VALUES - ORM LOCATION CODE
Print Date/Time: 10/03/05 09:08 AM**

LOCA CODES SPECIFIED: 0000-1810

BLDG ID	PAR	BUILDING NAME	SQFT	BUILDING	TOTAL SQFT	GENL CONT PROP
OCCP	FZ	BUILDING ADDRESS	SRCE	REPLACEMENT	GROUND SQFT	GENL CONT FLOOD
	CON	CITY, STATE		COST		
ORM Location Code & Agency Name Will Be Shown Here						
L01076	17	LTRC				
344	U	4104 GOURRIER LANE		0	0	0
		BATON ROUGE , LA	N		0	0
L01077	17					
344	U	11951 W. ENGLAND AVE		0	0	0
		BATON ROUGE , LA	N		0	0
L01078	17					
344	U	535 MAIN ST		0	0	0
		BATON ROUGE , LA	N		0	0
L02078	17	UNITED PLAZA 3				
344	U	8545 UNITED PLAZA		0	18,141	441,008
		BATON ROUGE , LA	F		8,163	198,443
S02044	17	HEADQUARTERS BLDG.				
327	C	1201 CAPITOL ACCESS RD.		31,743,239	276,040	7,102,509
	5	BATON ROUGE , LA	U		45,601	1,173,314
S02045	17	DOTD HDQTRS ANNEX - CIVIL SERVICE				
344	C	1201 CAPITOL ACCESS RD.		2,891,147	39,704	965,204
	6	BATON ROUGE , LA	I		19,852	482,602
S02046	17	WEIGHT ENFORCEMENT TRUCK PERMIT				
344	C	NORTH DR. @ EAST DR.		444,004	7,375	179,286
	3	BATON ROUGE , LA	I		7,375	179,286
S02047	17	SERVICE STATION				
325	C	STATE CAPITOL DR. NORTH		81,036	1,595	33,272
	4	BATON ROUGE , LA	I		1,595	33,272
S02048	17	HEADQUARTERS CARPENTRY SHOP-B.R.				
406	C	NORTH DRIVE		165,640	7,560	155,812
	3	BATON ROUGE , LA	I		7,560	155,812
S02049	17	HD MICROWAVE BLDG-B.R.				
344	C	1201 CAPITOL ACCESS		411,231	3,149	76,552
	4	BATON ROUGE , LA	I		3,149	76,552
S02063	17	CENTRAL WAREHOUSE BUILDING NO. 3				
406	C	FOSS DR. N. 17TH ST.		137,256	0	0
	3	BATON ROUGE , LA			0	0
S02064	17	MICROFILM BUILDING				
406	C	FOSS DR. N. 17TH ST.		203,343	5,950	122,630
	3	BATON ROUGE , LA	I		5,950	122,630
S02065	17	RECORDS STORAGE #1				
406	C	FOSS DR. @ N. 17TH STREET		137,183	6,160	126,958
	3	BATON ROUGE , LA	I		6,160	126,958
S02066	17	RECORDS STORAGE NO. 2				
406	C	FOSS DR. N. 17TH ST.		178,070	5,950	122,630
	3	BATON ROUGE , LA	I		5,950	122,630

Sample Property Exposure Report (right side)

**STATE OF LOUISIANA
STATEWIDE LAND AND BUILDINGS SYSTEM
RC04 - SCHEDULE OF PROPERTY VALUES - ORM LOCATION CODE
Print Date/Time: 10/03/05 09:08 AM**

FINE ARTS-S FINE ARTS-NS	LIVESTOCK-S LIVESTOCK-NS	COMPUTER EQUIP-S COMPUTER EQUIP-NS	BOATS-S BOATS-NS	MOBILE STRUCT-S MOBILE STRUCT-NS	BUS INCOME	REG MAIL/PRCL POST	LPFA/3RD PARTY FIN	OTHER CONT FLOOD
0 0	0 0	555,078 0	0 0	0 0	0	0	0	0
0 0	0 0	7,000 0	0 0	0 0	0	0	0	0
0 0	0 0	1,000 0	0 0	0 0	0	0	0	0
0 0	0 0	0 0	0 0	0 0	0	0	0	0
92,500 0	0 0	8,810,316 0	0 0	0 0	0	0	0	0
0 0	0 0	0 0	0 0	0 0	0	0	0	0
0 0	0 0	0 0	0 0	0 0	0	0	0	0
0 0	0 0	0 0	0 0	0 0	0	0	0	0
0 0	0 0	0 0	0 0	0 0	0	0	0	0
0 0	0 0	0 0	0 0	0 0	0	0	0	0
0 0	0 0	0 0	0 0	0 0	0	0	0	0
0 0	0 0	0 0	0 0	0 0	0	0	0	0
0 0	0 0	0 0	0 0	0 0	0	0	0	0
0 0	0 0	0 0	0 0	0 0	0	0	0	0
0 0	0 0	0 0	0 0	0 0	0	0	0	0

Property Exposure Update/Reporting Form
State Owned Movable Property Values
Office Of Risk Management – State Agency Movable Property System (Stamps)

NOTE:	USE THIS FORM TO ADD MOVABLE PROPERTY (CONTENT) VALUES FOR BUILDINGS NOT ALREADY INDICATED ON THE COMPUTER PRINTOUT OR TO ADD ADDITIONAL EXPOSURE CATEGORIES TO BUILDINGS ALREADY INDICATED ON THE COMPUTER PRINTOUT. DO NOT USE TO INSURE ACTUAL BUILDING STRUCTURE.				
STATE AGENCY NAME:			ORM LOCATION CODE:		DATE SUBMITTED:
SUBMITTED BY:		TITLE			PHONE NUMBER:

BUILDING INFORMATION <small>THE FOLLOWING INFORMATION MUST BE PROVIDED FOR EACH BUILDING</small>			SQUARE FOOTAGE INFORMATION		STATE OWNED MOVABLE PROPERTY VALUES <small>(PLEASE ROUND FIGURES TO WHOLE NUMBERS)</small>					
<input type="checkbox"/>	ADD GENERAL CONTENTS VALUES		GROUND FLOOR SQUARE FOOTAGE	TOTAL SQUARE FOOTAGE	MOBILE STRUCTURES	FINE ARTS	LIVESTOCK	COMPUTER EQUIPMENT	BOATS (26 FEET OR LESS)	
1. BUILDING IDENTIFICATION NUMBER:										
2. PARISH CODE:		3. FLOOD ZONE:								
4. OWNER OF THE BUILDING: (IF STATE OWNED, INDICATE WHICH STATE AGENCY)										
5. BUILDING NAME: (IF APPLICABLE)										
6. PHYSICAL STREET ADDRESS: (NOT P. O. BOX) CITY AND STATE										
7. ARE EMPLOYEES HOUSED AT THIS LOCATION?		YES	NO							
7A. IF "YES", ARE EMPLOYEES CONTRACT EMPLOYEES?		YES	NO							
8. IF ANSWER TO ITEM "7" & "7A" IS NO, IS THIS WAREHOUSE SPACE?		YES	NO							
8A. IF ANSWER TO ITEM "8" IS YES, IS THIS MINI-WAREHOUSE SPACE?		YES	NO							
RETURN COMPLETED FORM TO:			UNDERWRITING UNIT, OFFICE OF RISK MANAGEMENT, POST OFFICE BOX 91106, CAPITOL STATION, BATON ROUGE, LOUISIANA 70821-9106							

UND-1 (REVISED 04-25-2006)

Property Exposure Update/Reporting Form
Non-State Owned Movable Property Values
Office Of Risk Management – State Agency Movable Property System (Stamps)

NOTE:	USE THIS FORM TO ADD MOVABLE PROPERTY (CONTENT) VALUES FOR BUILDINGS NOT ALREADY INDICATED ON THE COMPUTER PRINTOUT OR TO ADD ADDITIONAL EXPOSURE CATEGORIES TO BUILDINGS ALREADY INDICATED ON THE COMPUTER PRINTOUT. DO NOT USE TO INSURE ACTUAL BUILDING STRUCTURE.				
STATE AGENCY NAME:			ORM LOCATION CODE:		DATE SUBMITTED:
SUBMITTED BY:		TITLE			PHONE NUMBER:

BUILDING INFORMATION	SQUARE FOOTAGE INFORMATION		NON-STATE OWNED MOVABLE PROPERTY VALUES (PLEASE ROUND FIGURES TO WHOLE NUMBERS)					
THE FOLLOWING INFORMATION MUST BE PROVIDED FOR EACH BUILDING	GROUND FLOOR SQUARE FOOTAGE	TOTAL SQUARE FOOTAGE	MOBILE STRUCTURES	FINE ARTS	LIVESTOCK	COMPUTER EQUIPMENT	BOATS (26 FEET OR LESS)	
1. BUILDING IDENTIFICATION NUMBER:								
2. PARISH CODE:		3. FLOOD ZONE:						
4. OWNER OF THE BUILDING: (IF STATE OWNED, INDICATE WHICH STATE AGENCY)								
5. BUILDING NAME (IF APPLICABLE)								
6. PHYSICAL STREET ADDRESS (NOT P. O. BOX) CITY AND STATE								
	YES	NO						
7. ARE EMPLOYEES HOUSED AT THIS LOCATION?	<input type="checkbox"/>	<input type="checkbox"/>						
7A. IF "YES", ARE EMPLOYEES CONTRACT EMPLOYEES?	<input type="checkbox"/>	<input type="checkbox"/>						
8. IF ANSWER TO ITEM "7" & "7A" IS NO, IS THIS WAREHOUSE SPACE?	<input type="checkbox"/>	<input type="checkbox"/>						
8A. IF ANSWER TO ITEM "8" IS YES, IS THIS MINI -WAREHOUSE SPACE?	<input type="checkbox"/>	<input type="checkbox"/>						
RETURN COMPLETED FORM TO:	UNDERWRITING UNIT, OFFICE OF RISK MANAGEMENT, POST OFFICE BOX 91106, CAPITOL STATION, BATON ROUGE, LOUISIANA 70821-9106							

UND2 (REVISED 04-25-2006)

Property Exposure Update/Reporting Form
Miscellaneous Categories
Office Of Risk Management – State Agency Movable Property System (Stamps)

NOTE: USE THIS FORM TO ADD MOVABLE PROPERTY (CONTENT) VALUES FOR BUILDINGS NOT ALREADY INDICATED ON THE COMPUTER PRINTOUT OR TO ADD ADDITIONAL EXPOSURE CATEGORIES TO BUILDINGS ALREADY INDICATED ON THE COMPUTER PRINTOUT. **DO NOT USE TO INSURE ACTUAL BUILDING STRUCTURE..**

STATE AGENCY NAME:		ORM LOCATION CODE:		DATE SUBMITTED:	
SUBMITTED BY:		TITLE		PHONE NUMBER:	

BUILDING INFORMATION				SQUARE FOOTAGE INFORMATION		MISCELLANEOUS CATEGORIES (PLEASE ROUND FIGURES TO WHOLE NUMBERS)			
THE FOLLOWING INFORMATION MUST BE PROVIDED FOR EACH BUILDING				GROUND FLOOR SQUARE FOOTAGE	TOTAL SQUARE FOOTAGE	BUSINESS INCOME	REGISTERED MAIL PARCEL POST	LPFA THIRD PARTY FINANCING	FLOOD OTHER CONTENTS
1. BUILDING IDENTIFICATION NUMBER:									
2. PARISH CODE:		3. FLOOD ZONE:							
4. OWNER OF THE BUILDING: (IF STATE OWNED, INDICATE WHICH STATE AGENCY):									
5. BUILDING NAME: (IF APPLICABLE)									
6. PHYSICAL STREET ADDRESS (NOT P. O. BOX) CITY AND STATE									
7. ARE EMPLOYEES HOUSED AT THIS LOCATION?		YES	NO						
7A. IF "YES", ARE EMPLOYEES CONTRACT EMPLOYEES?		YES	NO						
8. IF ANSWER TO ITEM "7" & "7A" IS NO, IS THIS WAREHOUSE SPACE?		YES	NO						
8A. IF ANSWER TO ITEM "8" IS YES, IS THIS MINI -WAREHOUSE SPACE?		YES	NO						
RETURN COMPLETED FORM TO:		UNDERWRITING UNIT, OFFICE OF RISK MANAGEMENT, POST OFFICE BOX 91106, CAPITOL STATION, BATON ROUGE, LOUISIANA 70821-9106							

UND-3 (REVISED 04-25-2006)

Building Structure Exposure Reporting Form
Office of Risk Management

NOTE:		DO NOT USE THIS FORM TO REPORT BUILDINGS UNLESS THE PHYSICAL STRUCTURE OF THE BUILDING IS TO BE COVERED BY INSURANCE. BUILDINGS NEEDING COVERAGE FOR MOVABLE PROPERTY (CONTENTS) ONLY ARE TO BE REPORTED ON <i>EXPOSURE UPDATE/REPORTING FORMS</i>.					
AGENCY REQUESTING CHANGE:						ORM LOCATION CODE:	
						BUILDING (STATE) I. D. NUMBER:	
AUTHORIZED BY		PHONE NUMBER		DATE:		SLABS SITE CODE (FOR ORM USE ONLY)	
TYPE OF CHANGE (PLEASE CHECK ONE)		<input type="checkbox"/> CHANGE BUILDING NAME (NOTE: BUILDING NAME CHANGES CAN ONLY BE MADE BY THE STATE AGENCY WHICH HAS OWNERSHIP OR IS RESPONSIBLE FOR THE BUILDING STRUCTURE.) <input type="checkbox"/> MODIFY BUILDING <input type="checkbox"/> ADD BUILDING STRUCTURE (SEE NOTE BELOW) <input type="checkbox"/> DELETE BUILDING STRUCTURE (SEE NOTE BELOW)					
		EXISTING DATA			NEW DATA		
STATE AGENCY NAME;							
ORM LOCATION CODE							
BUILDING NAME							
STREET ADDRESS (NOT P. O. BOX – MUST BE PHYSICAL ADDRESS)							
CITY, STATE, ZIPCODE							
OWNER OF BUILDING (IF STATE OWNED INDICATE WHICH STATE AGENCY)							
FLOOD ZONE (CONTACT CITY OR PARISH ENGINEER IF YOU NEED HELP IN DETERMINING APPLICABLE FLOOD ZONE)							
INDICATE REASON FOR CHANGE							
NOTE:	WHEN ADDING/DELETING BUILDING STRUCTURES YOU MUST ATTACH A COPY OF PERTINENT DOCUMENTATION (TITLE TRANSFER, DEED, BILL OF SALE, ETC.)						
RETURN COMPLETED FORM TO:		THE OFFICE OF RISK MANAGEMENT – UNDERWRITING SECTION, POST OFFICE BOX 91106, CAPITOL STATION, BATON ROUGE, LOUISIANA 70821-9106					

UND-4 (REVISED 04-25-2006)

WET MARINE EXPOSURES

Overview

At the end of each quarter, a report reflecting current wet marine information on file with the Office of Risk Management will be forwarded to the various State Departments, Agencies, Boards, and Commissions for their review and update.

All additions, deletions or changes for the wet marine coverage should be reported to the Office of Risk Management immediately. This is only a report to make sure our office has a complete record of all changes.

Instructions for verification and update of the report as well as a sample report can be found on the following page.

Sample Report

AGENCY NAME	VESSEL DESCRIPTION	EQUIPMENT NUMBER	WHERE IS IT OPERATED	HOW IS IT USED	NUMBER OF CREW	NET TONS	GROSS TONS	1996/98 HULL VALUE
DEQ/WATER RESOURCES – 2430								
EXPOSURE LEVEL – 2430								
BILLING LEVEL – 2430								
LARGE BOATS (26' & OVER)	WATER DOCTOR	320-02-2100	NEW ORLEANS	RESOURCE VESSEL	2	28.3	19	\$480,000
	WATER WITCH	320-02-2101	BATON ROUGE	RESOURCE VESSEL	2	28.3	19	\$480,000

Verification/Update Instructions

1. Indicate on the report the name and phone number of the person verifying the data.
2. Review the list of vessels in your district/agency. The schedule should include: ferries, pontoons, barges, tug boats, large boats over 26 feet in length, and fixed landings. Do not include non-motorized row boats regardless of length.
3. Check each vessel description, equipment number, where it is operated, how it is used, number of crew, net ton, gross ton, and hull value.
4. If any of this information is missing, please provide this office with that information (missing information will be indicated on the report with " ---" symbol).
5. If any information reflected on the report is incorrect, please line through the incorrect information and write in the correct information using **RED INK**.
6. Should you need to delete an item indicated on the report, draw a line through that item in **RED INK** and advise when and why it is to be deleted. Examples: vessel was transferred to agency X, vessel was sold, or vessel was destroyed -- and **ALWAYS** include the date when the action was taken.
7. If a vessel needs to be added, please do so on the bottom of the schedule or on a separate sheet. Be sure to include all vessel information, the date the vessel is to be added, and any supporting documentation
8. If your agency has never had wet marine coverage, please contact the Underwriting representative responsible for marine exposures (See "Exposure Contacts" section of this manual).